MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1							51					
2		1						52					
3		3						53					
4		3						54					
5		3						55					
6		3						56					
7		3						57					
8		3						58					
9		3						59					
10		3						60					
11								61					
12								62					
13								63					
14								64					
15								65					
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18								68					
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36								86					
37								87					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1							TOTAL IND.					
TOTAL DEP.	10							TOTAL DEP.					
TOTAL CLAIMS	11							TOTAL CLAIMS					